



Tomoka Pines Veterinary Hospital
 750 S Nova Rd. Ormond Beach FL 32174
 386-672-3137

PATIENT DROP-OFF FORM



OWNER'S NAME: _____ PATIENT: _____

REASON FOR VISIT:

- EXAM/VACCINATIONS LABWORK PROCEDURE _____
- OTHER _____

IF OTHER, PLEASE ANSWER THE FOLLOWING:

When did problem start? _____
 Getting Worse, better or staying the same? _____
 Are any other pets in household showing same signs? _____

FOR ALL DROPOFFS, PLEASE ANSWER THE FOLLOWING: HAS THERE BEEN A CHANGE IN...

Appetite? (increase or decrease) _____
 Water Intake? (increase or decrease) _____
 Urination? (increase, decrease, frequency) _____
 Defecation? (increase, decrease, frequency) _____
 Behavior? (Specify) _____
 What type/brand of food is your pet on? _____
 Is your pet indoor, outdoor or both? _____
 Is your pet on Heartworm preventative? _____
 Is your pet on Flea preventative? _____
 Any other information that may be helpful _____

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize the veterinarians at Tomoka Pines Veterinary Hospital to:
 Perform any diagnostic tests (blood work, x-rays, urinalysis) **Yes** **No** **Call First**
 Once cause is determined, do you wish us to begin treatment? **Yes** **No** **Call First**
 May we sedate your pet if necessary? **Yes** **No** **Call First**

PARASITES! If your pet is found to have fleas, ticks or intestinal parasites; he/she will be treated at your expense (starting at \$10).

ESTIMATES CAN BE PROVIDED UPON REQUEST!

I agree to pay fees for services rendered at the time the pet is discharged from the hospital or service is otherwise terminated. I further understand that any unpaid balance is subject to a 1-1.5% monthly or 18% annual interest charge.
 I agree to pay reasonable costs of collection in the event that collection efforts become necessary and/or any attorney fees incurred by this hospital in securing unpaid balances.
 I understand that veterinary service is provided during nighttime hours as necessary *in the judgment of the veterinarian in charge*. Continuous presence of qualified personal **may not** be provided.
 If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to do with the pet whatever you deem to be best or necessary.
ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Phone number where you can be reached today: _____

Alternate phone number: _____

OWNER'S SIGNATURE: _____ DATE: _____